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**CENTRAL FAX CENTER****JUN 07 2007****PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Caspi, et al.

Serial No.: 10/672,367

Filed: September 26, 2003

Title: **SYSTEM AND METHOD FOR  
ALTERNATIVE PRESENCE  
REPORTING SYSTEM**

Group Art Unit: 2686

Examiner: Marsh

**Certificate of Facsimile Transmission**I hereby certify that this correspondence is being facsimile  
transmitted under 37 CFR 1.8 to the US Patent and  
Trademark Office on the below listed date to the below  
listed fax number.

Date: June 7, 2007

Fax No.: 571-273-8300

No. of Pgs: Ext (1) + RCE (2) = Total (3)

By:

Jeanette L. Taplin

**REQUEST FOR CONTINUED EXAMINATION**BOX RCE  
Commissioner for Patents  
P.O. Box 1450  
Arlington, VA 22313-1450

Sir:

Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114,  
for the above identified application.**TIME REQUEST IS BEING MADE**

1. This request is being submitted:
- i. ☒ Prior to abandonment of the application
  - ii. ☐ With payment of the issue fee
  - ☐ Prior to payment of issue fee
  - ☐ Issue fee has been paid but a petition under §1.313 has been granted
  - iii. ☐ Prior to a decision on appeal to the Board of Patent Appeals & Interferences
  - ☐ A notice is being separately sent to the Board of Patent Appeals & Interferences that this Request for Continued Examination is being filed.

**ENCLOSURES**

2. Enclosed herewith is/are:

- ☒ A Petition for Extension of Time for one (1) month.
- ☒ Please enter the Amendment submitted: April 9, 2007 (a Monday).
- ☐ Please enter the enclosed Amendment
- ☐ An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449 and  
— references.

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Attorney Docket No.: 2003P08217US

Enclosures continued:

- ☐ New arguments  
☐ New evidence in support of patentability  
☐ Other:

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JUN 07 2007

FEE FOR REQUEST (37 C.F.R. §1.17(e))

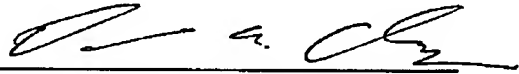
3. ☒ Filing fee has been calculated as shown below after entering the previous amendment (other than small entity):

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	x Rate	Additional Fees
Total Claims	22	-23	=0	X \$ 50	\$ 0.00
Indep. Claim	3	-4	=0	X \$200	\$ 0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				x \$300	\$ 0.00
Basic filing Fee					\$ 790.00
Total					\$ 790.00

4. ☒ Please charge Deposit Account No. 19-2179 in the amount of \$ 790.00. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. 19-2179 pursuant to 37 C.F.R. §1.25.

PLEASE MAIL CORRESPONDENCE TO: Respectfully submitted,

Siemens Corporation  
Customer Number: 28524  
Attn: Elsa Keller, Legal Administrator  
Intellectual Property Department  
170 Wood Avenue South  
Iselin, NJ 08830

  
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